| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | Application or Docket Number | | | | | |
|--|--|----------------------|--------------------------------|---------------|-------|--|-------------------------------------|-----|------------------------------|-----------|------------------------|---------|---------------------|--|
| | PATENT | ON FEE D |) | | 14/ | 2 | 036 | 72 | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | ALL PE | ENTITY | OR | | R THAN ENTITY |
| F | OR | | NUMBER FILED | | | NUMBER EXTRA | | | RA | | FEE | ٦ | RATE | FEE |
| BASIC FEE | | | | | | | | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS | | | 7 | minus | 20= | • | | | X\$ | 9= | | 1 | 34040 | |
| INDEPENDENT CLAIMS | | | | minus | 3 = | • | | | - | | - | OR | V70 | |
| ML | ILTIPLE DEPE | NDENT | CLAIM PRESENT | | | | | | X39= | | | OR | X78= | |
| * If the difference in column 1 is less than zero, enter *0" in column 2 | | | | | | | | | +13 | 0= | | OR | +260= | |
| | | | | | | | | TOT | AL | <u> </u> | OR | TOTAL | 760 | |
| | | | | | | | (Column 3) | | SMA | LL | ENTITY | OR | OTHER SMALL | |
| AMENDMENTA) | | REM. | AIMS AINING TER DMENT | | Pf | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 7 | 7 | Minus | ** | 20 | <u>.</u> ~ | I | X\$ 9 |)= | | OR | X\$18= | \ / |
| | Independent | <u> -</u> | / | Minus | **** | | " | ı | X39 | = | | OR | X78= | \/ |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130 |)= | | OR | +260= | X |
| | , | | | | | | | L | | TAL | | | TOTAL | / \ |
| | <u>(Ω/27/8)</u> (Column 1) (Column 2) (Column 3) | | | | | | | | IDDIT. I | FEE | | | ADDIT. FEE | |
| AMENDMENT B | 7 | CU | NMS UNING | | 1 | HIGHEST NUMBER | | Γ | | | ADDI- | 1 1 | | ADDI- |
| | | AF | TER DMENT | | PA | REVIOUSLY PAID FOR | PRESENT EXTRA | | RAT | E | TIONAL | | RATE | TIONAL |
| | Total | • 1 | | Minus | •• | 20 | - | f | X\$ 9 | _ | FEE | OR | X\$18= | FEE |
| | Independent | . 7 | ن ا | Minus | *** | 3 | = | t | X39: | _ | | | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | OR | | |
| • | | | | | | | | | +130 | | | OR | +260= | |
| | | | | | | | | | TOT DDIT. F | | | OR , | TOTAL ADDIT. FEE | / |
| _ | | (Colu | | | | olumn 2) IIGHEST 1 | (Column 3) | _ | | | | | | |
| MEN | | REMA AFT AMENE | INING ER | | PR | HUMBER EVIOUSLY AID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total | • • | | Minus | ** | | = | 1 | X\$ 9: | . | | | X\$18= | FEE |
| | Independent | * | | Minus | *** | | = | F | | -+ | | OR | | |
| ` | FIRST PRESE | NTATION | OF MU | LTIPLE DEP | END | ENT CLAIM | | L | X39= | 4 | | OR | X78= | |
| • If : | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +260= | |
| l | The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT. F | | | | | | | | | | | OR A | TOTAL DDIT. FEE | |
| Π | ne "Highest Numb | ber Previo | ously Paid | For (Total or | Indep | endent) is the I | i 3, enter "3." highest number (| | | | ropriate box | in colu | mn 1. | |